

Entered - 10/11/00 - sb  
CL00L0621 - DIANNE C. MITCHELL

CLAIM OF: **THE TRAVELERS INSURANCE COMPANY AS  
SUBROGEE OF TIMOTHY LANE**  
P. O. Box 2954  
Milwaukee, WI 53201-2954

For damages alleged to have been sustained as a result of a vehicular  
accident on November 20, 1999 at 1445 Monroe Drive, NE.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of  
the Department of Law be approved in authorizing payment to **THE  
TRAVELERS INSURANCE COMPANY AS SUBROGEE OF  
TIMOTHY LANE** the sum of **\$1,000.00** in full settlement and satisfaction  
of all claims, past, present and future, of every kind and character for  
damages alleged to have been sustained as a result of a vehicular accident  
on November 20, 1999 at 1445 Monroe Drive, NE as is more particularly  
set forth in the within claim; said sum taken from and charged to account  
1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: Rosalind Rubens Newell by RAG/DC  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

# DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0621

Date: November 14, 2000

Claimant /Victim THE TRAVELERS INSURANCE COMPANY AS SUBROGEE OF TIMOTHY LANE

BY: (Atty) (Ins. Co.) \_\_\_\_\_

Address: P. O. Box 2954, Milwaukee, WI 53201-2954

Subrogation: X Claim for Property damage \$ 2,692.58 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 12/30/99 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/20/99 Place: 1445 Monroe Drive, NE

Department Fire Division: \_\_\_\_\_

Employee involved John Howe Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle lost control of same due to water and oil on the road surface and collided with the claimant's parked vehicle causing damages in the above amount.

## INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

## BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_


Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

## RECOMMENDATION:

Pay \$ 1,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 11-14-00

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

**Travelers Insurance**  
A member of citigroup



PO BOX 2954  
MILWAUKEE, WI 53201-2954  
Phone: (800)624-6007  
Fax: (262)827-1038

*Mitchell*  
*10/11/00*

*[Signature]*

October 3, 2000

City Of Atlanta  
Attn.: Dianne Mitchell  
City Hall Tower  
68 Mitchell Street, S.W. Ste.4100  
Atlanta, GA 30335-0332

ENTERED - 10-11-00 - SB  
00L0621 - DIANNE MITCHELL

RE: Subrogation Claim  
Our Client: Timothy Lane  
Date of Loss: 11/20/1999  
Our File No.: S0Z5691  
Your Insured: Atlanta City Fire Dept  
Your File Number: 0010009

Dear Dianne Mitchell;

I have received the sign release from the above client accepting the \$1000 offer. Attached is a copy of your letter addressing the release.

Please send us your check as soon as possible. If there are any issues, let me know.

I appreciate your prompt response.

Sincerely,

*Cynthia L. Donelson*

Cynthia L Donelson  
THE PHOENIX INSURANCE COMPANY  
(262)797-5608

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